

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90057 049 ***150.00

DOCUMENT # P05000084125

1. Entity Name

PENALTA & STIGER HOLDING CORPORATION



Principal Place of Business

P.O. BOX 1203
BOCA RATON FL 33429-1203

Mailing Address

P.O. BOX 1203
BOCA RATON FL 33429-1203

2. Principal Place of Business - No P.O. Box #

595 SOUTH FEDERAL HWY.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 600

City & State

BOCA RATON, FL.

City & State

Zip

33432

Country

Zip

Country

4. FEI Number

76-0816377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

**PENALTA, ALEXANDER ESQ.
225 NE MIZNER BLVD., STE. 300
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name, **PENALTA, ALEXANDER ESQ.**

Street Address (P.O. Box Number is Not Acceptable)

595 SOUTH FEDERAL HWY

SUITE 600

City **BOCA RATON**

FL

Zip Code

33432

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PENALTA, ALEXANDER**
CITY-ST-ZIP **P.O. BOX 1203
BOCA RATON FL 33429-1203**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE:

ADMINISTRATOR CARLOS A. PENALTA
Carroll G. Quinn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08

561-955-9970

Date

Daytime Phone #